								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2003									4	v99		: 1781	448
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE			OR	OTHE	THAN ENTITY
T	OTAL CLAIMS	3	54	2	·					FEE	7	RATE	FEE
F	DR ,		NUMBER FILED		NUM	NUMBER EXTRA		BASIC FEE 3		385.00	na na	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			574 minus 20=			3:11:		XS 9-		. ' ;	1	200	110
INDEPENDENT CLAIMS			G minus 3 =		9/			X43=			OR		Cold
MA	JLTIPLE DEPE	NDENT CLAIM P				П	X43= \\;		1,3	OR	X86=	172	
		· · ·					·+145=		OR	+290=	-		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL			OR	TOTAL	1551
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	1 6	NTITY	OR	OTHER	
V	(Cotumn 1) CLAIMS			HIGH	ST		ſ			ADDI-		SMALL	ADDi-
AMENDMENT!	4-2105	REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE		TONAL FEE		RATE	TIONAL
	Total	·	Minus	- 6	<u>L</u>	. /	ł	· X\$ 9=	†	FEE		X\$18=	FEE_
	Independent	• 1	Minus		_	= /	ł		┿		OR		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X43=	+		OR	X86=	
, C-								+145=		/.	OR	+290=/	
11	a 15	_	•				A	YOYA DDIT. FE		ľ	OR	YOTAL ADDIT, FEE	
Щ	-9.05	(Column 1)		(Colum		(Column 3)		100					
MENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO	ER USLY	PRESENT EXTRA		RATE		ADDI- IONAL		RATE	ADDI- TIONAL
DME	Total	• .6	Minus	* 50	21	. —	ŀ	XS 9=	╁	FEE		X\$18=	FEE
MEN	Independent	. 3	Minus	*** 5	'	-	ŀ		╀		OR		
Ā	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM			X43=	+		OR	X86=	
•							L	+145=			OR	+290=	
							A	TOTAL DOIT. FEE			OR ,	TOTAL VDOIT, FEE	•
	(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAMS REMAINING AFTER AMENDMENT	PREVIO		ER	PRESENT EXTRA	ſ	RATE	T	VDDI- ONAL		RATE	ADDI- TIONAL
뜅	Total		Minus	in .	·		F	<u></u>	Н	FEE	ŀ	300	FEE
到	Independent		Minus	•••			H	X\$ 9=	┞	(OR	X\$18=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						L	X43=			OR	X86=	
											OR.	+290=	
H	 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." 										OR A	TOTAL DOIT, FEE	
1	ne "Highest Num	tiper Previously Paid ber Previously Paid	e For (Total or	brace is i	less the t) is the	i 3, enter "3." highest number				oriste box			